

(File Original and 3 copies)

00-0127
Docket No. 100 Office Use Only

Please provide the appropriate information in the () areas in the heading below.

TOUCH AMERICA, INC.

Application for a certificate
of authority to operate as a
long distance carrier of
telecommunications services
throughout the State of
Illinois

ILLINOIS
COMMERCE COMMISSION
FEB 2 9 53 AM '00
CHIEF CLERK'S OFFICE

APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name (including d/b/a, if any) FEIN #

Touch America, Inc.

Address: Street 130 N. Main

City Butte State/zip MT 59701

2. Authority Requested: (Mark all that apply) x 13-403 13-404 13-405

3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 736.180 of Part 736 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 736 are generally requested. Please indicate which waivers Applicant is requesting.

x Part 710 x Part 736 Section 786.180 Other

4. In what area of the state does the Applicant propose to provide service?

All of the State of Illinois

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues

- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

See Attachment 1

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.

6. Please check type of organization?

☐ Individual ☒ Corporation
☐ Partnership Date corporation was formed 7/13/83
 In what state? M o n t a n a
☐ Other (Specify)

7. Submit a copy of articles of incorporation and a copy of **certificate** of authority to transact business in Illinois.

See Attachment 2

8. List jurisdictions in which Applicant is offering service(s).

Montana, Washington, Colorado, Iowa, Idaho,
Oregon, Utah, Wyoming, N. Dakota, Minnesota, Texas

9. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

10. Have there been any complaints against the Applicant in any other jurisdiction?

☐ YES ☒ NO

If YES, describe fully. _____

11. Will the Applicant keep its books and records in Illinois? ☐ YES ☒ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

See Attachment 3

MANAGERIAL

12. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.

See Attachment 4

13. List officers of Applicant.

Robert P. Gannon, Chairman of the Board
~~Micheal J. Meldahl, President and Chief Operating Officer~~
 Jerrold P. Peterson, Vice President and Chief Financial Officer
 Perry J. Cole, Vice President, Business Development
 Michael E. Zimmerman, Vice President and General Counsel
 Harry J. Freebourn, Treasurer
 Carol A. Giamona, Controller Pamela K. Merrell, Secretary

14. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? YES X NO

If YES, list entity. _____

15. How will Applicant bill for its service(s)? Applicant bills directly

16. How does Applicant propose to handle service, billing, and repair complaints?

See Attachment 5

17. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? X YES _____ NO

18. What telephone number(s) would a customer use to contact your company?

1 - 800 - 823 - 4664

19. What are your procedures to prevent unauthorized "slamming" of customers?

See Attachment 6

20. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 88 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 766, 757, 770, and 772?

X YES _____ NO (If no, please provide an explanation.)

21. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? & YES _____ NO

FINANCIAL

22. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

See Attachment 7

TECHNICAL

28. Does Applicant utilize its own equipment and/or facilities? X YES _____ NO

If YES, please list: Applicant will operate a state of the art high capacity fiber optic digital network consisting of SONET OC-192, OC-48, OC-12 and OC-3 systems.

If NO, which facility **provider(s)**'s services does Applicant use?

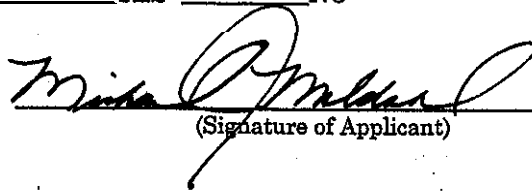
24. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).
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See Attachment 8

26. Will technical personnel be available at all **times** to assist customers with service problems?

☒ **YES** ☐ **NO**

26. If Applicant intends to provide **payphone** service, will the equipment **utilized** comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84.0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local **and long-distance calls**; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, **payphone** owner's name, method of reporting service problems and method of receiving credit for faulty calls? ☐ **YES** ☐ **NO**


(Signature of Applicant)

VERIFICATION

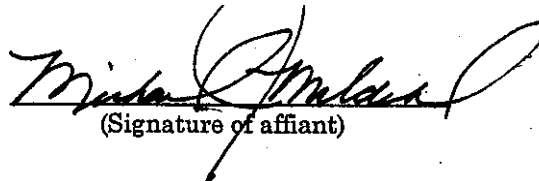
This application shall be **verified** under oath.

OATH

State of MONTANA)
county of Silver Bow)ss

Michael J. Meldahl makes oath and says **that** he is President
(Insert here the name of **affiant**) (Insert the official title of **the affiant**)
of Touch America, Inc.
(Insert here **the** exact legal title **or** name of the Applicant)

that he has examined the foregoing application and that to the best of **his** knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a **correct** statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and **sworn** to before me, a Notary **Public**/_____
(Title of person authorized to administer oaths)

in **the State** and County above named, this 31st day of January, 2000.

Susan Wauke
(Signature of person authorized to administer oath)
My Commission Expires 6/1/00